

MCG Today

Medical College of Georgia, Spring 1981, Vol. 10, No. 1



The story is told of an old country farmer who claimed to hit a bullseye everytime he shot. When asked how this was accomplished he said, "It's easy, everytime I shoot I go to the target and draw a circle around the hole."

Well, we've set our targets up and are shooting for some bullseyes. We hope we won't have to resort to the old farmer's method in order to stay on target with our goals.

Some of these targets are a \$250,000 campaign to raise funds for our new Research Institute, to continue to meet the operating budgets of the MCG Foundation and all the alumni associations, to see the special funds such as the Pund Memorial, the Ahlquist Fund, the Greenblatt Chair, the Hames Chair, the Moretz Chair, and others grow. We, of course, continue to be hopeful about a physical activities center on campus for our students, faculty and patients.

As always, you have hit the bullseye again with your generous year-end contributions to all aspects of the Medical College's work. The Foundation is increasingly important in the life of MCG and it is your continued positive response which is making so much assistance possible.

Once you get details of the Research Institute you will be excited

about its possibilities as MCG undergirds its critically important research programs with an independent administrative structure designed to help support and encourage research in all five schools. I don't have to tell you the value of research in a medical center and what it means to the teaching program and patient care. We are fortunate to have Dr. Bill Davis as director of this vital program. Check the article in Campus News for more background on Dr. Davis.

I think you will find our story on health care in The People's Republic of China fascinating. You will also be entertained by Dr. Lane Allen's delightful tale recounting one of the more colorful characters in the history of MCG — Grandison Harris.

We are anticipating with great *excitement* Homecoming 81', May 14 and 15. Last year's events were a resounding success and endorsed by all who participated so we have scheduled the big band sound again this year as our featured entertainment. Meeting old and new friends, feeling the pulse of the campus and seeing the growth and development of your school makes it a worthwhile date to add to your schedule.

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CAMPUS NEWS

Wellcome speaker well received

Dr. Brian Hoffman, one of the world's outstanding pharmacologists and physiologists in cardiac pharmacology and electrophysiology, was this year's Wellcome visiting professor in the basic medical sciences at MCG.

Dr. Hoffman, professor and chairman of pharmacology at the College of Physicians and Surgeons at Columbia University, visited MCG's faculty members and graduate students in the departments of physiology and pharmacology and delivered seminars involving the effects of drugs on the electrophysiology of the heart.

PAC member elected chairman

John Phillips Jr., a member of the President's Advisory Council, has been elected chairman of the Farm and Industrial Institute, the industry's largest trade organization, representing more than 220 manufacturers in North America. Manufacturers represented by FIEI produce and sell more than 90 percent of the farm equipment sold in North America.

Dr. Bard elected to board

Dr. Raymond Bard, dean of the MCG School of Allied Health Sciences, has been elected to the board of directors of the Mental Health Association of Georgia. He is currently vice president of the Greater Augusta Mental Health Association and chairman of the group's education and program committee.



Director of Research Institute named

Dr. William F. Davis Jr. has been named vice-president and general manager of the MCG Research Institute and director of the Division of Research Administration.

The Research Institute was approved by the University System Board of Regents to encourage basic and clinical research at MCG.

"Essentially the Research Institute is a non-profit corporation for the purpose of fostering research at the medical college," Davis says. The Institute will serve as a mediator between investigators seeking research support and sources outside of the state providing research monies.

"We will direct the person towards where funds are most likely to be available or where alternate sources can be found," he explains.

Davis feels MCG presently competes well with other universities for grants and believes the Institute will expand the research program even further. "Not only will this benefit teach-

ing and health care, it will contribute to the prestige of the medical college."

Prior to his appointment here, Davis participated in the review of research proposals for the National Institutes of Health. He feels his knowledge of the review process should be valuable in assisting researchers here.

Davis earned the masters of science degree at University of Florida, Gainesville, and the doctorate degree at Texas A & M University, College Station.

Lecture honors Dr. Dow

The first annual Philip Dow Lecture on Cardiovascular Physiology was presented Nov. 18 at MCG by Arthur Guyton, professor and chairman of the department of physiology at the University of Mississippi. His topic was, "The Intricacies of Blood Pressure Control and Hypertension."

The lecture series honored Dr. Philip Dow, MCG emeritus professor. Dr. Dow, an eminent scholar and medical researcher, has been associated with MCG since 1935. He served as chairman of the physiology department from 1960 until his retirement in 1971.

Dr. Dow pioneered in the development of methods for measuring the flow of blood in the circulation and pumping ability of the heart. In addition to his research accomplishments, Dr. Dow served as editor of a number of books and research journals. Dr. Dow continues to be active in the affairs of the MCG physiology department.

The lectureship was made possible by a gift from Dr. Larry O'Brien, a former faculty member who served with Dr. Dow.



Dr. Lois T. Ellison, MCG Provost was the featured speaker at the Dec. 4, 1980 President's dinner honoring members of the Presidents Club, the Founders Club and the President's Advisory Council. Following Dr. Ellison's address, "The Romance of Research," eight new Founders Club members were recognized. MCG president Dr. William H. Moretz (R) welcomed the new members, including (L to R) Mrs. Jack Atha and Dr. Atha of Rome; Mrs. John Paul Jones and Dr. Jones, Macon; and Mrs. Raymond Ahlquist and Dr. Ahlquist, Augusta. New members not pictured are: Dr. Henry Davis Jr., of Sylvester; Dr. Harry Dawson, Shannon; Dr. Taher Abdel M. ElGammal, Augusta; Dr. Jerry Purvis, Valdosta and Dr. Beverly Sanders, Jr., Macon.



Also shown enjoying the President's dinner are: (L) Mrs. Anthony Karpas (Deborah Greenblatt), Mrs. Robert B. Greenblatt, Dr. Greenblatt, Mrs. A. A. Friedman, Mr. Friedman, Mrs. Roscoe Coleman and Mr. Coleman.

New program approved

The Reproductive Endocrine Program at MCG has been approved by the American Board of Obstetrics and Gynecology to accept three trainees for fellowships.

The program falls under the auspices of the departments of obstetrics and gynecology and endocrinology.

Those accepted in the two-year fellowship program will study menstrual disorders, genetics of reproduction, improved surgical techniques and other problems related to reproduction and infertility, says Dr. Paul G. McDonough, professor and chief of reproductive endocrinology and genetics. Many of the areas receiving public attention today such as in vitro fertilization will be investigated by the fellows.

Duke medical school is the only other Eastern seaboard program with institutional approval for an equal number of trainees in this subspecialty, McDonough says.

Med student killed in auto accident

The Sept. 18, 1980 death of medical student, William E. Thomas, III left a void that won't easily be filled at MCG.

In honor of his memory, Dr. Fairfield Goodale, MCG dean of medicine, flew to Phenix City, Ala., (near Columbus) to present Thomas' diploma to his mother, Jimmie Lou Thomas. Mrs. Thomas is employed at Cobb Memorial Hospital.

Thomas was killed in an automobile accident in Savannah where he was completing his medical training.

Dr. Wege recognized by ICD

Dr. William Wege, professor and coordinator of dental radiology at MCG's School of Dentistry, was inducted as a Fellow of the International College of Dentists. This recognition is given individuals who have made outstanding contributions in dentistry.

Dr. Wege is a graduate of Marquette University's Dental School and holds a MS in dental radiology from the University of Alabama.

He is currently executive secretary of the American Academy of Dental Radiology and chairman of the International Relations Committee and the Dental Education Committee of the Georgia Dental Association. Dr. Wege is a consultant to the U.S. Army, Veterans Administration, Central State Hospital in Milledgeville and Gracewood State Hospital. In addition he serves as a medical examiner for the State Crime Laboratory.

Dr. Wege's honors include Fellowship in the American Academy of Dental Radiology, Fellow in the American College of Dentists, Honorable Fellow of the Georgia Dental Association and membership in Omicron Kappa Upsilon, the national honor society.

Nobel prize winner lectures

Sir Hans Adolph Krebs who shared the Nobel Prize with Fritz Lipmann for his discovery of the citric acid cycle in 1953 lectured recently at MCG on "The History of the TCA Cycle" and

"The Evolution of Metabolic Cycles."

Krebs studied medicine at several German universities. After interning at the Kaiser Wilhelm Institute, he moved to the University of Sheffield in England where he became head of the department of biochemistry. It was at this time he began investigating the oxidation of di- and tri-carboxylic acids in pigeon breast muscle.

Krebs discovered the ornithine cycle for the synthesis of urea and was responsible for the formulation of the tri-carboxylic acid cycle.

Blood lab receives accreditation

MCG's Blood Volume laboratory has received accreditation from the American College of Pathologists.

Mrs. Ingrid Summer, the lab's chief medical technician, explains that "accreditation is a professional acknowledgement of the facility's continuous striving for excellence, as well as the growing awareness of the value of blood and plasma volumes as diagnostic tools."

The lab first began its operations when Dr. Robert Ellison began open heart surgery here in the late 1950s. This lab is unique in the CSRA and is used by cardiologists and the hypertension, renal, thoracic surgery and medicine services.

Dr. Abdulla receives award

Dr. Abdulla Abdulla, assistant professor of medicine at MCG, has received one of three Teaching Scholar awards presented nationally by the

American Heart Association. The Association awarded the physician \$75,000 for further development of a system he devised to teach medical students about cardiology.

A TV screen, cassette tape recorder and slide projector are joined to a micro computer which serves as patient, physician, examiner and teacher. The present system was developed with the assistance of former medical student, Fred Weitz and a biomedical engineer, John Henke.

The system is programmed to respond to questions from the student and also provide help, answers and point out discrepancies.

Dr. Abdulla hopes to eventually make the program available to other colleges, universities or any interested persons.

Dr. Smith elected fellow

Dr. J. Graham Smith Jr., chairman of the MCG department of dermatology, has been elected a Fellow in Great Britain's Royal Society of Medicine. He has been associated with MCG since 1961 and is active in several national dermatologic societies. Dr. Smith also serves on the editorial boards of various national dermatological and medical journals.

Big band beat beats on

Homecoming promises to be even better his year. Featuring "The Fabulous Jimmy Dorsey Orchestra," led by Lee Castle, the organizers have moved the gala dinner-dance to the Exhibition Hall of the new Augusta Civic Center, gaining some elbow room.

Scheduled for May 14 and 15 (mark your calendar right now), events range from the dinner-dance, to medical seminars, campus tours, reunions, and of course, the infamous sophomore class parade.

The Thursday evening dinner-dance will begin with a reception and cash bar at 7 pm. Dinner will be served at 7:45 pm, with dancing beginning at approximately 9:30 pm and continuing through 1 am. (For more about the Dorsey Orchestra, see page 6.)

Members of the MCG Faculty Wives Club will lead tours of the campus beginning at the Alumni House Thursday and Friday. A number of outstanding continuing education courses are planned to coincide with Homecoming, although not officially part of the celebration.

Important meetings for all alumni will be held at various times on Friday or Saturday, along with class reunions planned for the classes of 1976, 1971, 1966, 1961, 1956, 1951, 1946, 1941, 1936, and 1931, as organized by the individual classes of the various schools. Most of the reunions will be held on Friday evening, May 15. The sophomore class parade will be held at noon Friday.



Homecoming participants are encouraged to sign up for the Thursday evening dinner-dance as soon as possible. Cost for the evening will be only \$18 per person if registration is received by April 30. (This fee is subsidized by the School of Medicine Alumni Association and by the MCG Foundation.) After April 30, the cost will be up to \$20 per person, and after May 13 it will again rise to \$30 per person. Tickets will be mailed to those qualifying for the "early bird" rate. Later registrants may pick up their tickets at the door of the Civic Center on Thursday evening. All checks should be made payable to the **MCG Foundation**.

Special alumni meetings during Homecoming will be as follows:

NURSING:

Annual Meeting — 8-9:45 am Friday, breakfast, (dutch treat) — MCG Student Center meeting room.

Reception — 5:30-7 pm Friday — Presentation of Phoebe Kandel Rohrer Founders Award — Ft. Gordon Officer's Club.

Combined banquet with Sigma Theta Tau — 7 pm Friday — Open to all Nursing alumni — \$15 per person — Ft. Gordon Officer's Club.

Reunion — Class of 1966 — Details mailed to class members — Saturday evening, May 16 — Betty Pond, Evans, GA.

Reunion — Class of 1971 — Details mailed to class members — Saturday evening.

DENTISTRY:

Luncheon — noon to 1 pm Saturday — \$4.75 per person — Dental School Lobby.

Spring Business Meeting — 1:15 pm Saturday — Dental School Lobby.

ALLIED HEALTH SCIENCES:

Annual Meeting — 3 pm Friday May 15 — MCG campus.

GRADUATE STUDIES:

Combined Annual Meeting/beer and barbecue — 4:30 pm Friday — no charge — details mailed to members.

MEDICINE:

Champagne Breakfast — 9-10:30 am — \$8 per person, all you can eat — Thunderbird Inn.

Annual Meeting — 10:30-11:30 am Friday — Thunderbird Inn.
Reception — 2 to 5 pm Friday — MCG Alumni House

The following reunions will be on Friday:

Class of 1976 — 7 pm social hour, 8 pm dinner — \$20 per person — West Lake Country Club — Contact Jeffrey Adkins, M.D., Augusta.

Class of 1971 — 7 pm social hour, 8 pm dinner — \$20 per person — Pinnacle Club — Contact Joseph L. Mulherin, Jr., M.D., Nashville, TN.

Class of 1966 — 7 pm social hour, 8 pm dinner — \$20 per person — Augusta Country Club — Contact John Mitchell, M.D., Augusta.

Class of 1951 — 7 pm social hour, 8 pm dinner — \$20 per person — Pinnacle Club — Contact Henry W. Bailey, M.D., Augusta.

Class of 1941 — 7 pm social hour, 8 pm dinner — \$20 per person —



Pinnacle Club — Contact Weems R. Pennington, Sr., M.D., Lincoln.

Class of 1936 — 7 pm social hour, 8 pm dinner — \$20 per person — Pinnacle Club — Contact Thomas Schley Gatewood, M.D., Americus.

Class of 1931 — 7 pm social hour, 8 pm dinner — \$20 per person — Pinnacle Club — Contact John Stapleton, Jr., M.D., Columbus.

Class of 1930 — 7 pm social hour, 8 pm dinner — \$20 per person — Pinnacle Club — Contact Badie T. Clark, M.D., Wilson, SC and W.P. Rhyne, M.D., Albany.

Class of 1956 — Kiawah Isl., SC, May 21-24, 1981 — Contact John Bowers, M.D., N. Jacksonville Bch, FL.

Class of 1946 — Jekyll Isl., GA, early summer — Contact William Lee Bridges, Jr., M.D., Atlanta.

Continuing education

The MCG division of continuing education, in cooperation with the alumni associations, has scheduled the following special Homecoming educational program:

Medicine — May 11-16 A course pertaining to primary care for family practitioners among other specialists, emphasizing differential diagnosis and current management will be offered. Evening sessions will also be offered. (Last year there were more interested in the course than could be accepted, so an early registration is advised.)

Nursing — May 14-15 The Fifth Annual Nursing Research Conference will begin at 9 am, Thursday concluding at 3:30 pm Friday in the library's orientation room. A call for research papers has been made, and the program will be selected from those submitting abstracts.

Dentistry — May 16-17 This year dentistry is offering two courses. Dr. Thomas A. Garman will present "Up-

date on Amalgam and Composite" Saturday beginning at 9 am "Effective Treatment of Hypersensitive Teeth and Oral Ulcers by Iontophoresis" will be presented Saturday and Sunday by Dr. L. P. Gangarosa and Dr. Arthur Jeske. This is a new technique to aid in the application of drugs.

The lecture sessions are open to an unlimited number of alumni, however participation in patient care using iontophoresis is limited to 30 dentists each day. A dental assistant may participate with the dentist.

Allied Health Sciences — May 15 "Making Hard Choices: The Art of Professional Decision as Viewed by an Ethicist," presented by Richard M. Martin, PhD, JD in the MCG large auditorium. The program will consist of an opening presentation by Dr. Martin at 8:30 am, followed by a small group session. After a 10 am break, participants will convene into disciplinary groups, and then into a final plenary session, ending at 11:45 am.

Special brochures have been printed for each of these programs and are being mailed to MCG alumni. If you do not receive one or are interested in more information, contact the Division of Continuing Education, Medical College of Georgia, Augusta, Georgia 30912, or 404 828-3967.

The Jimmy Dorsey Orchestra

Those who asked "Charlie Who?" at the beginning of last year's homecoming big band dance were often among the last to leave that memorable evening. Hearing the New Charlie Spivak Band was believing.

The response was so great, in fact, that the Homecoming organizers were asked to find more of the same for Homecoming '81. The result has been the hiring of one of the top five "big bands" in the country.

"The Fabulous Jimmy Dorsey Orchestra," led by Lee Castle, will perform May 14 for Homecoming. The



Lee Castle, the leader of "The Fabulous Jimmy Dorsey Orchestra."

reputation of the band is built on an incredible story of musical success that has not diminished with the years. The band's record sales exceed 40 million and continue to climb, year after year.

Jimmy Dorsey's introduction to music came in his home town of Shenandoah, Penn., where his father taught him to play the cornet at the age of eight. Within two years he was playing the alto saxophone as well. This became his favorite instrument and, eventually, his key to national fame.

For 15 years he increased his skills, appearing with the top bands in the country. His brilliant career gathered momentum as he appeared with such top groups as the "Original California Ramblers," Jean Goldkette and Paul Whitman. Soon he was sought by the leading radio orchestras who considered him to be the most accomplished clarinet and saxophone virtuoso in the nation. He performed regularly with noted band leaders such as Victor Young, Lennie Hayton, Dave Rubinoff, Freddie Rich, Nat Shilkret and Rudy Vallee.

Jimmy eventually joined his trombone playing brother, Tommy, and together they won nation-wide acclaim as the Dorsey Brothers Orches-

tra. Later Jimmy struck out on his own, evolving his "contrasts in music" style, sometimes described as "painting for the ear with instruments." The result was an orchestra that ranked as one of the all time immortal musical groups.

Such tunes as "I Hear a Rhapsody," "Green Eyes," "Manhattan," "Oh, What a Beautiful Morning," "Sweet Georgia Brown," "Maria Elena," and a dozen more sold over a million records.

Lee Castle, the current leader of the Jimmy Dorsey Orchestra was like a member of the Dorsey family and considered to be a "third son."

Lee started playing the trumpet when he was very young, and was influenced by the sound of one of America's greatest trumpet players, Louie Armstrong. He began with the Joe Hyams Band and graduated to the better-known bands, such as Artie Shaw, Glenn Miller and Tommy Dorsey. Dorsey was impressed by Castle's potential talent and insisted that he leave Pennsylvania to study with Dorsey. Castle spent the greater part of the next few years studying under the Dorsey name and became closely associated with the family.

For nearly 17 years the Dorsey brothers had carried on a friendly "feud" which finally ended at the Hollywood Paladium where Jimmy was playing an engagement. Tommy and his orchestra were the next attraction, and more or less as a preview of what was to come, Tommy played with Jimmy's band. They drew such an enthusiastic response from the audience and the critics that they decided to again pool their resources. Tommy Dorsey and Lee Castle both disbanded their organizations and joined Jimmy to create a new group known as "The Fabulous Dorsey Orchestra." Lee Castle became musical conductor and featured trumpeter for the group. It was a natural next step for Lee Castle to lead the Dorsey band.

Homecoming 1981 promises to be a once-in-a-lifetime experience, particularly for younger alumni, faculty and friends who, perhaps for the first time, will hear musical history come to life.●

Use the following registration form, or the registration form in the special Homecoming 1981 brochure which is being mailed to you separately.

REGISTRATION FORM

1981 HOMECOMING

May 14-15

Name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____

MCG Affiliation _____ Yr. of Grad., If Alumnus _____

Specialty or type of work _____

Names of others in party (for tickets, nametags) _____

We wish to participate in:

Activity	Cost	No. in Party
President's Dinner-Dance with Dorsey Orchestra — Thurs.	\$18 each (until Apr. 30th)	_____
Nursing: Annual Meeting — Fri.	Dutch Treat	_____
Reception — Fri.	No cost	_____
Combined Banquet — Fri.	\$15 each	_____
Reunion — _____ (Yr.)	\$TBA	_____
Dentistry: Luncheon — Sat.	\$4.75 each	_____
Spring Bus. Mtg. — Sat.	No cost	_____
Allied Health Sciences: Annual Mtg. — Fri.	No cost	_____
Graduate Studies: Annual Mtg./beer/bbq — Fri.	No cost	_____
Medicine: Champagne Breakfast — Fri.	\$8 each	_____
Annual Meeting — Fri.	No cost	_____
Reception — Fri.	No cost	_____
Reunion — _____ (Yr.) — Fri.	\$20 each	_____
Faculty Wives Tours — Thurs. _____ Fri. _____	No cost	_____

A check for \$ _____, payable to the MCG Foundation, is enclosed.

(Do not pay for reunions if you have already paid separately.) Mail this form to: 1981 Homecoming, MCG Alumni House, Augusta, Georgia 30912. Mail prior to April 30, 1981, if possible.

Next Year

Homecoming 1982 will be held on May 6 and 7, 1982. Class leaders for 1977, 1972, 1967, 1962, 1957, 1952, 1947, 1942, 1937 and 1932 should write in for their free copy of the booklet *How To Hold An MCG Reunion And Enjoy It, Too!* It's not too early to start planning now.

Health care behind the bamboo curtain

By Barry Hirsch

Ed's note: Barry Hirsch is a sophomore medical student at MCG. He visited China last summer on a tour organized by the American Medical Students Association.

It is generally agreed that the three major problems facing the American medical system are distribution, cost and the lack of attention given to preventive medicine. The mainland Chinese government has dealt effectively with all three of these problems. Some authorities believe the Chinese have made 100 years of medical progress in 30 years.

How was this accomplished? What could we learn from the Chinese that would be applicable to the U.S.? These were two major questions on

our minds as we entered The People's Republic of China on a visit organized by the American Medical Students Association (AMSA). Thirty five students from approximately 15 different states participated along with three physicians, a family practice resident, an anthropologist, a mental health worker, and an optometrist. Many of the medical students had specific research interests in China such as acupuncture and the experimental male oral contraceptive, gossypol.

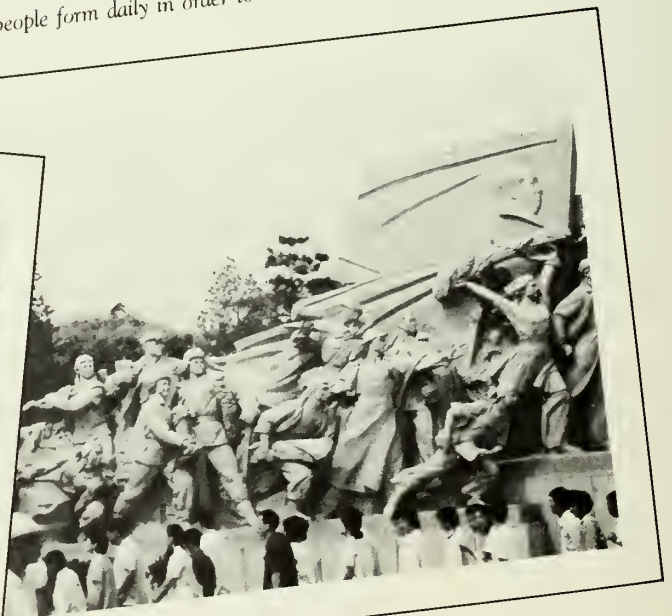
One student was an authority on industrial medicine and was able to give us a health assessment of each factory we visited. This diversity of interests combined with overall interest in health care in China helped make this an intellectually stimulating experience.

To study life in China we had to develop some understanding of the Chinese people. Some sociologists believe Americans live in a guilt oriented society — that much of our behavior is motivated by guilt.

The Chinese, on the other hand, live in a shame oriented society. To lose one's temper in public is a tragedy, to be shamed in public is the fear of a lifetime. This psychosocial aspect of Chinese society was not created by the communist government, it is an historical part of Chinese culture. It has been used as a tool for implementing government policy. When the degradation Chinese suffered under multiple occupation by foreign nations is considered, it is easy to understand what an available tool shame was.

Massive wall on the outskirts of Peking is a frequent visiting spot for tourists.

Long lines of people form daily in order to visit Mao's Tomb.



Another important point to understand is that in China it is always the greater good that must be considered. Life is a spartan existence for most, and the Chinese are the first to admit how undeveloped their country is. Within this framework the Chinese accept hardships and are willing to work hard, not so much for some hopeless dream of personal wealth but for the progress of China.

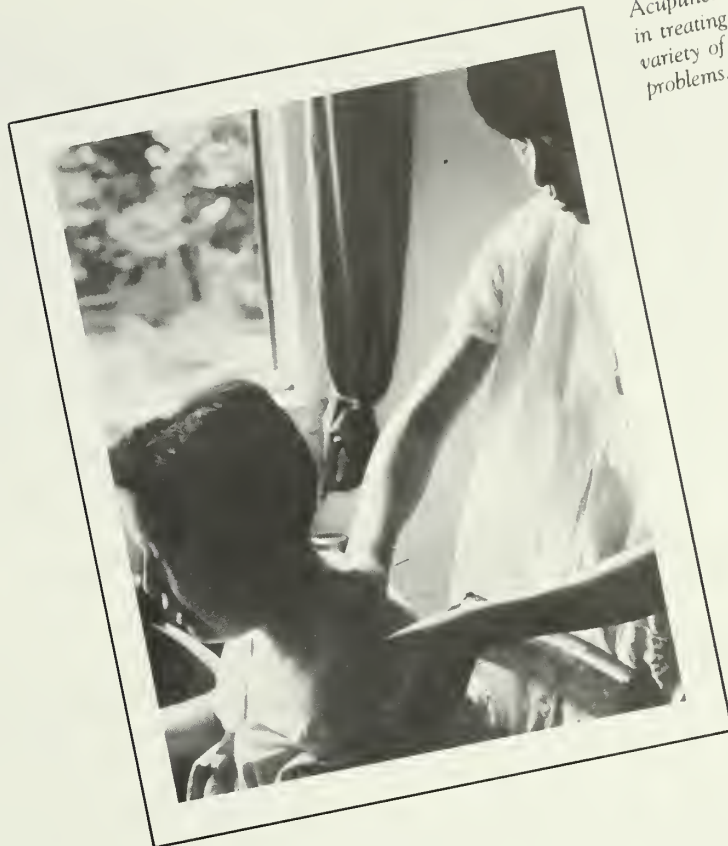
A facet of Chinese life that must be explained in order to understand medical progress in China is the manner in which policy is implemented. Consider the immense task of a few men forming policy for a population of nearly a billion people. The tool used is the political study group. These groups are formed at every level in order to include all the people. Members meet once or twice a week with their study group which is led by 10-12 people with ties to the communist party. These leaders will probably have known most of the group all of their lives. As a consequence, they will know each members' needs as well as their fears. Government officials establish what will be discussed. The end result is that everyone in China discusses exactly the same issues at the same time.

Any discussion of medicine in China must begin with their four basic principles of health care:

- (1) Put prevention first.
- (2) Medical care should serve all the people.
- (3) Health work should be integrated, with mass movements. As a corollary to this goal, nonprofessionals should be trained to do the work of professionals.
- (4) Traditional medicine should be integrated together with western medicine.

Key words in describing health care in China are planning and pragmatism.

When the liberation occurred in 1949, health conditions in China were disastrous. The infant mortality rate was estimated at more than 200 per 1000 live births. Thirty percent of children died before reaching the age of five. In many provinces 50 percent



Acupuncture is used in treating a wide variety of health problems.

of the people suffered from malaria. Schistosomiasis and other chronic infectious diseases afflicted entire villages. Venereal disease was rampant. The average life expectancy was thought to be 30 to 40 years.

One of the earliest and most amazing achievements of the new government was the eradication of venereal disease. All of the previously outlined principles were utilized in eliminating the disease. Individuals were selected from each village and trained in clinical and laboratory diagnosis of the disease, and they returned to the villages to teach people about venereal disease. The individual stigma was removed for having the disease and blame was placed on the imperialist nations which had so badly abused China. However, it was emphasized that socialism and venereal disease were incompatible. The shame was directed not on having the disease, but at not being treated.

Our group had the opportunity to meet Dr. George Hatem who was in charge of this V.D. eradication program. This extraordinary physician is

the current Minister of Health and is known in China as Ma Hai-teh. Dr. Hatem was born in Buffalo, N.Y. in 1910. He came to Shanghai in 1953 to work in a missionary hospital and found health conditions deplorable. He realized if his dedication to help mankind was sincere, it would have to involve radical social change.

The only viable alternative he saw, at that point, was the Red Army led by Mao Tse-tung. Dr. Hatem has been part of China ever since and is a role model for Chinese physicians. As we talked it was clear why the Chinese call him Ma Hai-teh, which translates as "virtue from overseas."

The elimination of Schistosomiasis was a difficult task. It involved destroying all snails (disease carriers) in the country. The campaign involved educating the people to the importance of killing the snails, and then, on a given day, everyone in China went hunting for snails. We were told that it is almost impossible to find a snail in China today.

The mosquito eradication program was another amazing example of mass

mobilization. All over China a signal was sent out at the same moment which ordered people to open their windows and go outside their houses. On another given signal everyone in China ignited bales of wet straw. After the mosquitoes were given ample time to escape from the smoke into the houses a final signal was given. Everyone in China returned to their homes, closed the windows, and fumigated the house. This procedure was repeated four times a year and had a powerful impact on preventing the spread of malaria.

The technique that impresses me most was the one used in killing of rats. The people were told to leave increasingly greater quantities of food on their kitchen floors every night. Each morning they were to note exactly how much had been eaten by rats. When consumption levels reached a plateau, the assumption was made that all of the rats in the house were enjoying the feast. On the following night the food was replaced with poison.

The stories of eradication campaigns go on and on: programs against flies, bed bugs, and even an aborted attempt to kill off the sparrows which were eating the crops. Although these programs have been greatly beneficial to the people, they are only a small component of the health care system.

The two most important characteristics of any health care system are the availability and quality of care. To make a very broad generalization in comparing the evolution of the American health care system to that of the Chinese system, one could argue that we have emphasized quality, at the cost of sacrificing availability. The Chinese on the other hand, have done just the opposite. In line with the socialist ideal, the Chinese have put service to all the people first.

The key to the availability of China's medical care is a very structured pyramid of services with allied health workers comprising the base of the pyramid. There are three groups which overlap as they reach the highest level of care. The three groups divide the population into commune

workers, factory workers, and urban residents not working in factories. Each system begins with a primary care level staffed by part-time allied health personnel. On the commune it is the legendary "barefoot doctor," in the factory it is the "worker doctor" and in the city it is the "street doctor." These "doctors" are chosen by their fellow workers or neighbors to receive this limited medical training. Once trained they continue their normal work on a part-time basis and receive the same salary as before. The period of training of these health personnel has varied considerably in the past from a month to a year. The government has recently established board examinations and is attempting to standardize the quality of care. Principal responsibilities of the groups include preventive health care, home visits to the chronically ill, environmental and sanitation work, infectious disease control, and first aid for minor problems. They also provide immunizations, birth control information, and even follow-up care after hospitalization. These primary care workers are cautious of overstepping their bounds, but they are pressured against referring cases unnecessarily.

From these many small health stations springs an elaborate chain of referral hospitals. In the urban areas there are community hospitals, then district central hospitals, and finally at the top are the municipal and teaching hospitals. The cost of health care is covered for almost everyone in the city by either their factory or school. This "insurance," however, only covers the cost if one moves through the system step by step. If someone decides to skip the primary care level and go directly to a community hospital he must pay out of his own pocket. A similar system operates in the rural areas. One interesting difference is that there, everyone must pay a yearly rate to the commune for health care. Since people are poorer in the rural areas, this seemed unfair and certainly at odds with the socialist ideal. The only explanation given was that 80 percent of the population lives in the rural areas and the government simply

cannot handle the cost.

The hospitals we saw were not much different from American hospitals. They were certainly not as clean or modern, and they definitely lacked many of our modern conveniences, but the true measure of any hospital is patient care and in this regard they appeared to rank pretty high. The patients we saw seemed clean, well taken care of, and, considering that they were in the hospital, fairly happy.

The last of the four basic tenets, integration of traditional and Western medicine, is best reflected in the hospital setting. China has hospitals which specialize in Western medicine, some that specialize in Traditional medicine, and the majority that integrate the two. The first hospital we visited specialized in orthopedics. There we saw the results of some elaborate surgery. Perhaps the most impressive patient we saw was one who had lost his thumb. The doctors had replaced it with a toe. They reported some fairly impressive statistics with regard to arm and hand reattachments. This is an example of Chinese emphasis on pragmatism — do not let the patient become a burden on society. Perhaps the technique we saw in greatest contrast to our procedures was in the treatment of fractures. They made extensive use of closed reductions combined with no casts, and a very early exercise program. Their postoperative infection rate was reported as being 10 times higher than the accepted level in the U.S. This led some physicians in the group to suggest that this could be the reason for their emphasis on closed reductions. Another great contrast we found was the cost. For an adult, (it's cheaper for a child) a hospital bed costs 80 fen, or about 60¢ a day.

We also had the opportunity to visit a hospital specializing in traditional medicine. It was explained that when the Manchu dynasty fell in 1911 traditional medicine was suppressed until "liberation" in 1949. Since that time research has been done to determine modern applications of these age old remedies. We were told western medicine seems best for acute illness, while



An elderly man undergoing moxibustion treatment for liver disease.



Hospital in Soochow combines aspects of traditional health care and Western medicine.

traditional medicine works best for chronic illness. Combining the two they have found they can use lower doses of western medicine.

One of the latest developments in hospital care in China is a plan by American philanthropists to build a Massachusetts General Hospital type facility. The hospital, which would be built in Peking, would have the most sophisticated medical equipment known. We were told that there was currently only one CT Scanner in China, but that it was broken and they didn't yet have the technology to repair it. The Chinese cannot afford to make this technology available to everyone and the whole idea creates problems in a socialist country. The

mere existence of the hospital will demonstrate the presence of an elite group in society. The Japanese, in an attempt to resolve old war reparations, are already building a large modern medical center in China. It will be interesting to observe the effect of these tertiary care centers on a nation which puts so much emphasis on primary care.

China's tremendous accomplishments have been outlined, but her medical problems are far from being solved. Population control is one of the challenges facing the Chinese. The first census is still in preparation, but the population in 1979 was estimated to be over 960 million. Over half of these are under 20 and with

medical advances, the elderly are making up a larger part of the population. The Chinese government has used many tactics to persuade the people to cooperate in this sensitive issue. In 1972 Chou En Lai took the issue into his office and announced it was crucial for the survival of China. Then from October 1972 until March 1973 everyone in China studied birth control. Through the use of the political study groups most everyone in China became convinced that having only one child was the ideal situation for society as a whole. In the city the incentives ranged from financial rewards, or fines, to educational opportunities, and, of course, to the most important in motivation in Chinese culture, social acceptance.

The Chinese are having to face a serious air pollution problem. What we are now seeing in China is that as they control or eliminate their infectious diseases and simultaneously industrialize, they are beginning to have the same problems as the developed nations.

Statistically the Chinese mortality rate isn't much different from the U.S. In Shanghai City proper, for example, the infant mortality rate is reported at 12.1 per 1,000. The rate is comparable to that of some of the more healthy cities of the world, and considerably better than most large cities in the U.S. The five leading causes of death in China are cardiovascular disease, cancer, respiratory diseases, accidents, and gastrointestinal problems. Despite our many differences, in the field of medicine, the U.S. and China now face similar challenges. It will be interesting to see which system will meet the challenges most effectively; ours based on high technology or theirs based on patient education and mass action.

This trip was an unforgettable experience and the warmth and friendliness at every stop will probably be the most lasting memory. To see how another people live and to see the world from another perspective gave all of us a new outlook on our own system and new ideas about how to improve it in the future. ●

Grandison Harris, Sr.: He was a slave, resurrectionist and judge

by Lane Allen, MD, PhD

Ed. Note: Reprinted from the Georgia Journal of Science

It is a short walk from the entrance of Magnolia cemetery to the last resting place of George M. Newton. In life he was demonstrator and professor of anatomy. He, alone of the early faculty, never practiced medicine but devoted his life to his college and to the care of orphans. His marble monument stands in a sea of little markers where lie his waifs and foundlings. In the hush of the great cemetery, these minor monuments testify to the humanity of this good man.

Just beyond, and across a crumbling brick wall, is Cedar Grove cemetery. Here lie the humble resurrection slaves who served Newton and the Medical College of Georgia in the early days.

At the third meeting of the faculty in July, 1834, the dean and Dr. Newton, demonstrator of anatomy, were appointed as a committee to find a resurrection man. One A. Clegg was hired to furnish subjects at 75¢ each. An assistant was provided by the school. There are no records to authenticate the success of A. Clegg; however, the dissecting room was in operation. The local supply of subjects for dissection was early recognized as inadequate. The population of Richmond County was only 7,000. Many plantations on the edge of Augusta had their own burial grounds and these were widely scattered. The school was required to go to extraordinary lengths to supply its needs. In 1839, \$100 worth of subjects were ordered from New York City. These were shipped in casks of brine or whiskey by coastal steamer to Charleston and then carried by the "Best Friend" to Augusta. In 1842 Dr. Newton was sent to Baltimore to secure subjects for the coming year.

Dr. Newton kept meticulous records, and it is obvious from these and all early records that the school was doing its best to avoid offending popular sensibilities by purchasing bodies from the master or next of kin.

In 1849 Dean Paul Eve wrote:

Against human dissection popular indignation has been chiefly directed with such success that in but one state, Massachusetts, has the subject been legalized. In all others to dissect is a penal offense subjecting the offender to fine and imprisonment. The law is held over us *in terrorum* if we dissect. That the dead must be examined for the good of the living all must admit, for in the quaint but emphatic reply of Abernathy before the government of Great

Britain when interrogated on the subject of human dissection "all ought to know, that if the dead be not mangled, the living will be."

In the account book of Dr. Newton there is no reference to grave robbing. The very term grave robbing was a misnomer. The legal prohibition was against dissection. Under old English law a dead body was not property and one cannot steal that which is not property. However, this legal distinction must have been lost on the relatives of the disinterred.

From 1848 to 1852 there is reference to 64 subjects available for dissection or 16 subjects per term. In this period of four years several resurrection slaves were employed: Joe, King, Peter, Jackson, John and Edmund.

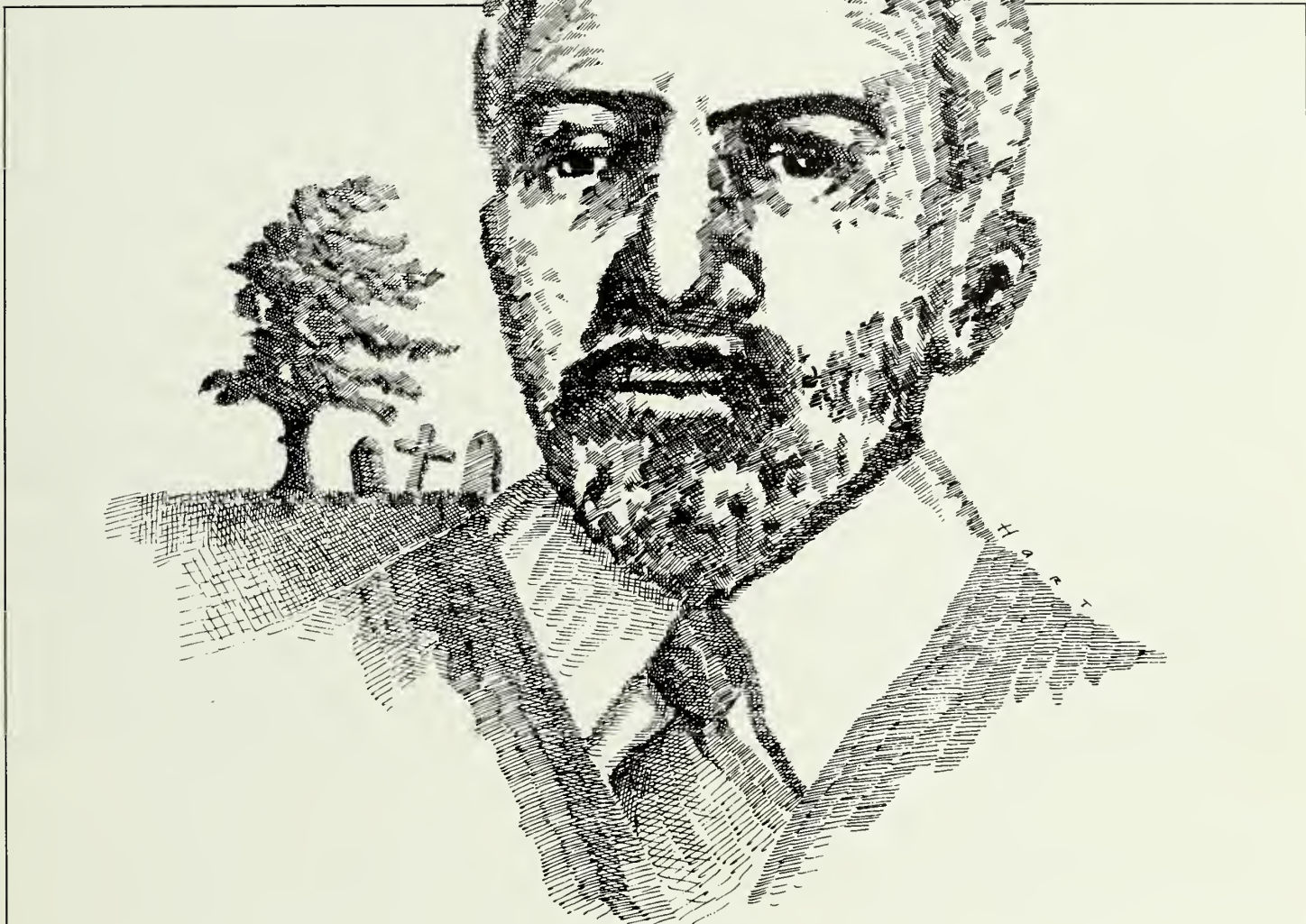
The following items are taken from a two month period in 1849:

Jonathan Meigs hire for Joe	\$16
Jackson for 2 subjects, Joe for do.	\$20
Wages of King to January 15	\$13
King for subject, \$5.00 Joe for do.	\$10
Joe for 2 subjects, Jackson for do.	\$20
Hire of Joe for 2 months	\$32
King's Board to February	\$ 5

Not all subjects came from local sources; some came from Hamburg, South Carolina, from Greensboro and Savannah, Georgia. One subject from Savannah cost \$40. There are records of bodies bought, disinterred, dissected and then reinterred: October 11, 1851, "Boy" for subject \$10, for subject reinterred, Bernard Abraham reinterring \$5 and coffin for subject reinterred \$7.

The year 1852 marks the beginning of a new chapter in the annals of resurrection. The Dean was sent to Charleston, where he purchased from the auction block a powerful Gullah slave, Grandison Harris. According to the faculty minutes:

The faculty having purchased a slave named Grandison Harris for \$700, it was resolved that in case any members of the present faculty shall vacate his seat for any cause whatever, while said slave remains the property of the said faculty, he or his heirs shall receive one seventh part of value of said slave at the time when the vacation of his seat shall occur.



The following items are listed in Dr. Newton's account book for the six months after Grandison's arrival: blankets for Grandison, \$3, board for Grandison to March 6 — \$16, whiskey \$14.47, mattress for Grandison \$1.38, 6 barrels of whiskey \$60.05, board for Grandison \$18.25, clothes \$6. Over the next few years the record indicates that Grandison lived progressively better. In 1856 he was provided even with 'sundries' at a cost of \$9.60 and no doubt, since he had seven masters, there were numerous fringe benefits.

In 1858 the Dean was authorized to go to Charleston and purchase Grandison's wife and son for a price not to exceed \$1300. This he did, reporting that he had made the purchase for \$1250, \$600 down and \$650 on his note as dean. This was not only a humane act, but it kept Grandison Harris off the railroad between Augusta and Charleston, the round trip costing \$12.

For almost two years after Grandison arrived, only two subjects were purchased. The accounts of the previous two years show the legitimate purchase of 31 subjects. In was at this time that Grandison was most active in the practice of his sullen craft. However, in 1854 the practice of purchasing subjects was resumed, and Grandison acted as an intermediary in these transactions.

It is of interest that in the decade before the civil war some 2000 gallons of whiskey were purchased by the school at an average price of 30¢ per gallon. The bodies were embalmed with whiskey and then covered with whiskey in the wooden vat in the basement.

Museum specimens were also put up in sealed jars in whiskey. Some of these remain in the anatomy department.

A few years ago a lid of a jar containing a full term anencephalic fetus was accidentally cracked and the fluid sampled. It was corn whiskey, but it had not improved with age. It had lost much of its essential goodness.

The Medical College closed during the civil war. The dissecting house behind the college was cleaned and rented to the Confederate hospital corps for \$100 per month. The Corps also built wooden barracks on the grounds to house the sick and wounded. It is believed that Grandison worked for the hospital corps. At least, he was around. In July of 1863 the Dean provided him with 75¢ worth of medicine and recorded the expenditure in his account book.

After the war, Grandison continued with the college on a salary of \$8 per month. There are few notations of 'Grandison for subject' in the post-civil war decades. Blacks crowded into the city and the mortality rate of blacks doubled that of whites. Most of the bodies came from Cedar Grove, the city cemetery a few blocks from the medical school.

In 1938 Dr. Eugene Murphy told the following story about Grandison.

It was Grandison's practice to go to the cemetery late at night, with only the moon watching. He would quickly dig down to the upper end of the box, smash it with an axe, reach in with his long and powerful arms and draw the subject out. It was then put in a sack, placed in a cart and carried to the school. Grandison, one night, stopped his wagon in an alley behind a saloon and went in to refresh himself from his nocturnal labors. He had been observed for some time by two medical students. They removed the body, hid it, and one student got into the sack. When Grandison returned, the student groaned and cried out in a sepulchral voice: "Grandison, Grandison, I'm cold! Buy me a drink!" Grandison replied, "You can buy your own drink. I'm getting out of here."

In 1880 Charles Dickens published his *Tale of Two Cities*. It contained a macabre story of grave robbing and was widely read and discussed in the United States. At about this time, the dissecting situation had reached critical proportions and was aired in the newspapers all over the country. In Philadelphia some 400 bodies were dissected each year, but the actual need was put at 800. When the snow melted in the spring, the cemeteries looked as if they had been subjected to artillery bombardment. In 1883, following riots, Pennsylvania passed its first anatomical act. In 1882 the *Augusta Chronicle* carried the following editorial:

A great deal of sensation has been created in the press recently because of the discovery that cemeteries have been entered and graves despoiled of their occupants. Of course, these resurrections are against

the law but in the interest of science. Here is a serious difficulty. The law must be enforced and yet it is for the benefit of the human race that dissection must continue. All attempts to reconcile these contradictory elements have proven abortive. The necessity for procuring subjects in a surreptitious way causes periodic scandals and frequently gross abuse. No stop can be put to it; yet some way must be found to make the matter as nearly reconcilable to decency and urgency as possible. Superstition and prejudice, not to say reverence, for what is least reverential stands in the way of knowledge and health. How to break down the one barrier lawfully and aid the trespass is the despair of both lawyers and surgeons.

In 1887 the Georgia Legislature finally passed what is commonly called the "Anatomical Act." Perhaps this was well for Grandison Harris. He was getting old.

The relief of the faculty upon the passage of the "Anatomical Act" was short lived. Three months later, when no bodies had arrived, the faculty adopted a resolution, "Whereas the Anatomical Board has failed to furnish subjects for the use of the college, therefore, be it resolved that the dean be authorized to contract for bodies in the usual way." It was suggested that Grandison's talent again be utilized. It was also suggested that the dean contact the governor and have him enforce the law.

According to the dean:

Glaring defects appear in our last announcement. I mention particularly the rule requiring students to dissect every part of the human body. The rule is absurd and calculated to damage us in the esteem of the students, for they know as well as we that we cannot furnish subjects in sufficient numbers. Our announcements have been too much on the Colonel Sellers' order.

In addition, the situation disrupted upper classes. The freshmen, being unable to dissect, went next door to the City Hospital and took the best seats around the clinical demonstrations.

In 1895 Grandison Harris was promoted from porter to janitor, but his salary remained at \$15 per month during the six months school year and \$10 per month during the summer months. His son George was made his assistant. Grandison's efforts to obtain a raise had long been unavailing. Grandison then presented the faculty with a petition. His amanuensis could hardly have been other than his great admirer, Dr. Eugene Murphy, late professor of medicine:

Augusta, Ga., April 1, 1898

To Dr. Eugene Foster, Dean and the Profession of the Medical College of Georgia.

Honorable Gentlemen:

I very respectfully take the opportunity to address your honorable and learned body relative to the position which I have filled for the past three years as janitor of your noble institution. Now that the present session has closed, I humbly submit to you that you consider this petition in consideration of past services faithfully carried out, and in view of this respectfully request that you consider an increase in my salary for the summer months. Gentlemen, I have been connected with the college for the past fifty years, and though my services have not been without fault, nothing of any material consequence has ever been charged to my accounting as janitor, and porter during these many years of service. I need not call your attention to my faithful discharge of duty as directed by those in charge for as to my trustworthiness and reliability in the anatomical department the honored gentlemen know very well.

I hope that the faculty will take due consideration of my petition. I am now receiving ten dollars per month and would like an increase during the summer months.

Honorable gentlemen I remain
Yours obediently,

Grandison Harris, Sr.
Janitor, Medical College of Georgia

As for his trustworthiness in the anatomical department, there was no doubt. However, there was a dark chapter in his past he may have preferred to forget. After the civil war he moved across the river to the little town of Hamburg, S.C., where he was set up as a magistrate by the infamous carpet bagger regime. It was a tribute, no doubt, to his standing in the community. He had long been an impressive figure with his Gullah accent, his store bought shoes and suits and of course, as a member of a grave profession.

However, when Wade Hampton's red shirts went on the rampage and the Hamburg riots exploded, the carpet baggers fled north, and Grandison Harris fled south across the Savannah River and sought sanctuary in his native habitat, the vat room. His old masters viewed his return without surprise or recrimination. However, the students did not permit him to forget. Ever after, they addressed him as judge.

The team of Grandison and son continued for six more years. Finally in 1904 the dean informed the faculty: "I am certain some action should be taken, regarding the janitor's position next time, our faithful old servant and friend becoming too decrepit for the work and his son George, his assistant, too trifling to be kept in the position."

Trifling was perhaps a weak word. The premises became so foul that the students and physicians requested the Board of Health to investigate the Medical College building as a health hazard. The Board of Health reported that students spit tobacco juice on the floors, and there was no cleaning up of dissecting droppings. "The two cellars show accumulated filth, old rags from cadavers and cellar N.E. corner contains old vat with bones from the dissecting room." Several months later, the faculty in solemn session resolved to prohibit the chewing of tobacco except in the dissecting room.

On January 21, 1905, Grandison Harris was granted a pension of \$10 per month. However, the dean could not bring himself to discharge the trifling George. After all, nepotism was a way of life at the Medical College of Georgia. The members of the faculty in 1905 were the sons, grandsons and nephews of the early faculty.

George was given his father's job at a salary of \$15 per month. There is no reason to believe that he reformed. The Flexner report of 1909 mentioned the exceedingly foul dissecting room.

Grandison Harris lingered on. His accomplishments as a man and human being were not inconsiderable. Separated from his family by the auction block, he had quickly learned to work and bend to his will seven masters. He had accomplished the most impossible task of maintaining contact with and eventually reuniting his family. He had served both the Confederacy and the Union, and his services for the Medical College had been indispensable. His last accomplishment had been to pass his job on to his son in the tradition of the school.

His last public appearance at the school was in 1908, when he returned to lecture students on the practice and perils of resurrection. A student of the class of 1908 remembers that he was very feeble. It had been 56 years since he had stepped down from the auction block in Charleston. All those who had owned one seventh part of his corpus were long dead. He had even seen their grandsons mature and become doctors. He had become a legend, a living link with the founders. The students were told and perhaps believed that he had an honorary doctor's degree.

On June 2, 1911, the registrar reported to the faculty that Grandison Harris was in a most deplorable condition and was in great need of medical attention. The faculty moved immediately to place him in a nursing home next door to the Lamar Hospital, and a nurse was detailed to give him all needed attention.

The pension checks soon ceased. The slave, resurrectionist and judge had left to join Dr. Newton and his cherubs in Paradise. The location of his grave in Cedar Grove is not known. The very records were washed away in the great Savannah River flood of 1929. Peace to his ashes. ●

Does Georgia need another

by Julie Guillebeau

For that matter, does Georgia need an increase in the number of physicians in the light of national statistics predicting huge surpluses of MD's by 1990?

Many Georgians in south and central sections will give a resounding "yes" to both questions and are strongly advocating that a school of medicine be initiated at Mercer University in Macon, thereby locating a source of manpower close to the areas of need.

But is this the proper approach to the problem of shortages of health manpower in rural areas? Governor Busbee says no, the administration of the Medical College of Georgia agrees and by inference so does the American Medical Association, the American Association of Medical Colleges and other professional groups who have studied health manpower projections for the next few decades.

It is not a simple matter but rather a complex one representative of many similar situations throughout the nation. This many-sided question cannot be over-simplified nor can it be solved immediately by a huge infusion of state dollars.

Very much in the news lately, the fledgling medical school at Mercer claims to offer an innovative approach to medical education by graduating only primary care physicians.

Similar to the McMasters system in Canada, this approach is touted by its supporters as the solution to the physician supply ills. While the McMasters school does graduate primary care physicians, statistics have shown that its graduates enter primary care or establish practices in underserved areas of Canada in no greater number than the traditional medical school graduates.

Yes, the lines have been drawn

and sides chosen, but the question keeps reoccurring: "Does Georgia really need another medical school?" Presently there are three: at the Medical College of Georgia, at Emory University and at Morehouse University, all of which receive state funds in return for helping meet the state's needs for health care services and professionals.

A September 1980 report of the Graduate Medical Education National Advisory Committee to the Department of Human and Health Services shows an inescapable national surplus of 70,000 physicians in the next decade, including the speciality areas of internal medicine, pediatrics, surgery and obstetrics, with a slight surplus in family practice. (By "inescapable" the report means these individuals are now in medical school or residency programs).

The report goes on to suggest that

What is a family physician?

"It is a paradox in our society that we tend to belittle those who are generalists, yet man has survived when other mammals have become extinct, because he's basically a generalist."

These are the thoughts of Dr. Fairfield Goodale, dean of the School of Medicine, regarding the relatively new specialty of family practice and its struggle to establish itself among other medical specialties.

Of course, continues Dr. Goodale, the paradox doesn't completely fit medicine, but he foresees that family practitioners will continue to have dif-

ficulty gaining equal recognition with some other specialties.

"On the one hand, I'm confident that 85-90 percent of patient complaints can be handled by a family practitioner."

Dr. Jon C. Calvert, chairman of the MCG family practice department, adds that statistics tell us the average family practitioner is bright, usually in the upper third of his class and is a very caring individual. "He's the one who can talk with people, can share their general problems."

The problem of less than equal recognition appears to lie in the mecha-

nism of educating medical students. Medical schools in the past have tended to reward students for in-depth knowledge in a narrowly defined area, says Dr. Calvert. And, the med school models have not been family physicians, or in many cases other primary care physicians, but sub-specialty oriented specialists.

"It's a tertiary care setting, with acute illness, complex surgical procedures, immediate rewards for life-saving episodes. The glamour of the remarkable and unusual experienced in a tertiary care setting is not what is experienced in the vast majority of private practice settings." The rewards of primary care lie in helping the ill, as well as developing a meaningful,

medical school?

no new medical school be established and, in fact, existing ones should reduce their entering classes by 17 percent.

An independent study by the Southern Regional Education Board supports the GMENAC study adding that in the South the surplus will be even greater due to a 34 percent growth in the ratio of physicians to population between 1970 and 1978.

And finally, another study, this one by the Rand Corporation, shows that specialists of all types are now starting to practice in smaller towns. Twenty years ago, only 33 percent of the five largest specialties, excluding general practitioners, (obstetrics, medicine, surgery, pediatrics and radiology) were found in the smaller communities. In 1979, this figure had increased to 70 percent. And all these specialists were delivering a considerable amount of

primary care.

Mercer officials say that they are asking the state for a per student cost which is about half what it currently costs to educate a student at MCG. "This is based on the national average for the cost of educating one medical student per year. MCG's costs per student are equivalent to the national figures, but MCG does generate over 50 percent of its costs. Therefore, the costs incurred by the state would be about the same at either school."

Mercer officials also contend that they are answering a need brought to them by the local community — a community tired of lacking a sufficient number of primary care physicians.

Underlying Mercer's arguments is the assumption that the location of a medical school in South/Central Georgia will help increase the numbers of primary care physicians practicing there.

Dr. Fairfield Goodale, dean of the MCG medical school points out that MCG is well aware of the shortage of primary care physicians, not only near Macon, but elsewhere.

In fact when the family practice department at MCG was begun eight years ago, one of its goals was to increase the number of family physicians in the state. Studies have shown that the more influential factor in a physician locating a practice is where the residency was taken and not which medical school was attended.

Family practice residency programs are set up in Savannah, Macon, Columbus and Rome. Additionally, medical students are encouraged to obtain a first-hand knowledge of several small Georgia communities through the family practice department's preceptorship program.

mutually satisfying patient-physician relationship that continues over a lifetime. In other words, the family practitioner becomes the health care advocate for the patient and his family. He has the added advantage of seeing the family in both the happy and sad times. He must earn the family's respect and trust and when done, he is placed as a privileged family confidant and observer. As the family grows and changes, he helps its members hurdle the obstacles and is there to applaud their accomplishments.

As a family physician it's a privilege to be allowed to watch the family through its life stages, from birth to death — a privilege that's directly related to the physician's ability to care for and about his patients.

Today's family physician, like his GP predecessors, must, in addition to providing quality health care, be able to openly talk with his patients, for he handles not only physical problems but the coping and mental ones as well. To better prepare students, today's residency programs pay more attention to the development of these skills.

Additionally, today's students are taught to encourage greater patient involvement through a better understanding of their own health needs and preventive care. This means the family practitioner will be spending more time with each patient. He'll also be taking more time for his own life and family.

He won't know everything, and

won't pretend to know everything, but he will be available to his patients as an entry point when needed into the health care system, and to answer their questions.

"Patients today are more aware of their health, they want to participate in their own care and the family practitioner can help them take a responsible role in their medical care through educating them and fostering their trust."

As Dr. Goodale says, "Family practice is back again to stay, and it will gain the proper recognition, but it will always be bedeviled by its own broadness. Many of the other specialties have relatively narrow areas, yet family practice covers the whole family over a long period of time."

It takes about seven years from the day a student enters medical school until he's ready to practice, so even though programs begun just a few years ago haven't yet stood the test of time, they have begun and will see fruition much sooner than those not yet off the ground.

Dr. Goodale emphasizes that MCG historically has educated primary care physicians. "We have provided medical education for the state since 1828. There are approximately 3,800 living physician graduates, 58 percent of whom are practicing in Georgia. These physicians are practicing in 143 counties and represent 54 percent of the physicians in the Northeast quadrant of Georgia; 19 percent in Northwest, 50 percent in Southeast and 47 percent in the Southwest."

The effect of MCG's department of family practice on the 1980 graduating class can be seen through the graduates' choices of specialties. Fifty-eight percent of the class chose family practice or pediatrics or medicine or a flexible first year program. If ob-gyn is included as primary care, it increases that figure to 64 percent.

Almost half of all residency positions at MCG are in primary care, and including ob-gyn, it's more than half. Residency positions in the other specialties need to be continued to provide a full range of medical services for Georgians.

But obviously this isn't enough, for there still are Georgians who don't have access to primary health care. Again, this brings up the question: "Do we need another medical school?"

MCG has plans which could provide another 75 family practitioners at a cost of \$6.5 million. This is compared to developing a medical school over the same time frame, graduating 24-32 students at the cost of \$24-30 million.

Basically this plan includes increasing the number of family practice residencies at MCG; establishing one new outreach program each year for three years; and initiating a

new family practice residency program each year for three years.

Outreach programs include those which would improve medical care for citizens in the underserved areas. One such program, the Tri-County Outreach Program (Warrenton, Taliaferro, Glascock) is already underway. The new family practice residency programs would be placed in the underserved communities and could include a "1+2" program whereby the residents spend one year at MCG and two years at the community training site.

Dr. Goodale says it would be a rare medical school indeed that could guarantee the public its graduates would practice in a given area, particularly an underserved area. Selection of a practice site is based on many factors, not just location of medical school.

"There are several incentives that the general public and local communities can offer to make practice there more appealing to a physician. MCG has encouraged communities to make themselves more desirable, offering advice to them on how to do this. Additionally, we would like to see some changes in the third party reimbursement policies which now favor some specialists over primary care physicians and urban practitioners over small town ones. Tax breaks also would help encourage physicians to practice in smaller communities.

"MCG has been conscious of the plight of many Georgians for some time, and has moved toward implementing some changes designed to correct the situation. But it's a multifaceted problem and a simple solution would not be adequate."●

Choice of Specialty:	
Family Practice	29
Pediatrics	10
Medicine	41
Flexible 1st Year Program	24
	104
(58% of the 180 graduates)	
Obstetrics-Gynecology	12
	116
(64% of the 180 graduates)	

Positions Offered:	
Family Practice	21
Flexible	10
Medicine	73
Pediatrics	21
	125
(45% of 280 residency positions)	
Obstetrics-Gynecology	20
	145
(52% of 280 residency positions)	

The Medical College of Georgia physician graduates as a percentage of the total practicing in the four quadrants of the State are:	
Northeast	54%
Northwest	19%
Southeast	50%
Southwest	47%

The exodus of an era: a doctor retires

Editor's note: The following article first appeared in the *Augusta Chronicle* June 4, 1980. The author, Miss Miranda Roth, is now employed in the MCG Division of Institutional Relations.

After giving your eyes a moment to adjust to the subdued light in the waiting room of Dr. Robert Carey McGahee's office, it takes another moment to convince yourself you haven't stepped back 30 years in time.

Streams of bright light filter through the slats of venetian blinds forming geometric patterns on the green and speckled white linoleum tile floor, now dimmed with age.

A couple of framed pictures of faded Disney characters hang on the wall which is painted the institutional green that graces the wall of old hospitals and schoolrooms.

Several children crawl aimlessly across the floor while their mothers sit in stiff straightback chairs lining the walls.

The examining rooms look almost antiquated compared to other modern offices boasting the latest in medical furnishings. These rooms are sparsely equipped with a wooden examining table in each, protruding towards the center of the floor.

The doctor's office is much the same.

He sits behind a large desk in an ancient green leather chair that squeaks loudly when he rocks back and forth.

"It is a sad experience for me to retire," he is saying as the chair groans irritably and gives a final scream as he leans forward and plants both feet on the floor.

Dr. McGahee wrapped up more than 50 years of pediatric practice, most of them in Augusta, on May 31 when the Medical College of Georgia reclaimed the building which housed his practice for the past 27 years.

"I'm the only one that's ever been here," he drawls.

"I haven't kept up the equipment probably like I should have, but I knew all along I was retiring."

Dr. McGahee turned 80 in August.

He points to a certificate displayed on the wall across from his desk.

"That's the Certificate of Distinction they (Medical Society of Georgia) gave me for 50 years in practice," he says proudly.

With advances in modern medicine occurring at such a rapid pace, an old-timer in the profession has had an opportunity to see many changes take place.

"The area and field of research has tremendously improved over what it was, he says. "There's also been advancement in the way of available drugs."

He feels there has been a basic change in medical technique since he began seeing patients.

"We used to treat patients largely symptomatically. If they had a cough, you treated the cough.

"Today there is specific therapy with modern drugs," he explains. Instead of treating the symptom, doctors treat the cause of the problem.

In addition to his practice, Dr. McGahee taught at MCG for 25 years.

"In my teaching, I taught that medicine was not strictly a science," he says. "I like to talk about the art of medicine. Medicine is an art as well as a true science."

He recalls a story to demonstrate his point.

"One morning when a father brought in a child, the child said, 'You're not going to examine me.' He came up to me and began to hit me.

"I said, 'I'm not going to hit you. I want to help you. If you won't let me examine you, I'm not going to hold you down. I'm not going to help you when you resist by hating and hitting.'"

"The little fellow sat down and be-

gan to cry and after a while said, 'I've changed my mind.'

"So you see, there's more to it than science," he concludes.

Dr. McGahee graduated from MCG in 1924 and interned in Richmond, Va., for one year. After practicing for three years in Warrenton, Ga., he moved to Augusta.

"I love Augusta so deeply," he says. "That's why I came back here."

He was married, although his wife died eight years ago, and has two grown children that he sees occasionally.

In the half century the doctor has been practicing, he has had a chance to observe some amusing incidents.

One night he was called out to see a child having respiratory difficulties. The father was lying in bed with the sick child.

"He had the little boy in the crook of his elbow and was looking down into his face," Dr. McGahee says.

"I said to him, 'If I were an artist, I would paint that as a picture and the caption would be, 'The Agony of a Father'."

"And then it was that I heard the father snoring."

Dr. McGahee has served as president of the Richmond County Medical Society, vice president of the Medical Association of Georgia and president of the Georgia Pediatric Society in his years as a doctor.

But the future holds a new endeavor for him.

"I intend to devote more of my time after retirement to religion," he says. "I can't say I've always been religious, but I've certainly had my problems that brought me close to God. I intend to walk with him the rest of my life."

His future plans also include traveling, writing and tracing the genealogy of his family.

"I don't want to sit and do nothing," he says, "life would be a monotony." ●

Jack and Mary Ann Hagler:

A commitment to excellence in health care

Mary Ann Hagler became a physician in 1975 and finished a three year residency program in family practice in 1978. Her method of helping mankind was to become one of the driving forces for the establishment of a hospice program in Augusta.

"I had become interested in the hospice concept during my residency but, because of my schedule, was unable to work with the hospice committee in Augusta," she remembers. "The commission had been working for some time but could not get its plans implemented. Finally St. Joseph's Hospital in Augusta decided to go with the plan."

"I had been talking with the administrators at St. Joseph's about beginning the hospice program but when they offered me the position of medical director for home health care and hospice, I said no, that wasn't what I wanted to do." Dr. Hagler later changed her mind and took the position. "I would have liked to have gone into private practice — that's where the fun is — but I couldn't take that much time. You see, I'm fortunate in that I don't have to start a career. I have a marriage, have raised five children and now I've been able to go back to the profession I've always enjoyed."

She began her medical career in the late 1940's before dropping out of MCG to marry John C. (Jack) Hagler III. He had been interested in medicine and science, and was a pre-med student prior to World War II. "A lot of friends of mine went to MCG," he recalls, "I was reared in Augusta and I grew up with a lot of people who went into medicine. Most of them are in private practice but through the Rotary Club I've gotten to know members of the faculty. I've had mostly periphery exposure to MCG but I've always been interested in it."

This interest recently was recognized when Hagler was named to the board of directors of the Medical College of Georgia Foundation, Inc. "I

was flabbergasted when they asked me to serve. I'm looking forward to working with the other board members."

Hagler serves as chairman of the board of the GIW Industries, which is the holding company for Georgia Iron Works and several other companies. He has supported his wife in her decision to return and finish medical school and says he "was thrilled when she was accepted."

The same drive that got her through medical school and her residency was the one that she used in working to get a hospice program underway in Augusta. The physician says she saw the hospice program as "something that needed to be done. I guess you could say it was the Junior League Mary Ann Hagler coming out. I'm glad I've been able to contribute to the program."

As medical director for the hospice program at St. Joseph's, Dr. Hagler must keep up with the problems of the patients in the program and try to find solutions for them. "If the patient

doesn't have an assigned physician, then I fill a big place in their treatment. They don't have anyone else to call on and ask questions. I can fill that void."

If the patient does have a referring physician (all patients are referred to the program, some by physicians, some by other agencies) Dr. Hagler can prescribe for the patient if the referring physician agrees or Dr. Hagler can alert the physician that there is a problem with his or her patient.

In addition to keeping up with patient problems, the medical director also has "a little more administrative work than would be ideal." Still, Dr. Hagler says working with the hospice program "is great for me because it is part time work."

Dr. Hagler and her husband try to work their schedules so they are able to travel together. "We are able to do this mainly because we keep our schedules flexible," she says. "We traveled to Europe while I was in residency and have been trying to plan our schedules so we can take many trips together."

The Haglers have a very active family, with one of their children living in Indiana and another moving to Germany in the near future. "Between the children and Jack's business trips, we are out of town a great deal," Dr. Hagler says. In addition to these trips, the physician and her husband have traveled a good bit while Dr. Hagler was becoming familiar with the hospice programs in this country and in England.

"What I would like to see is each hospital have its own hospice program," she says. "It is very upsetting to me when I am told there is nothing more that can be done for a patient. This attitude is directly opposed to the hospice idea. There is always something more that can be done." Dr. Hagler is one of those who is doing that something more.



CLASS NOTES

SCHOOL OF ALLIED/ HEALTH SCIENCES

Occupational Therapy

Joleen Lentini Dunson, '77, is an occupational therapist on the rehabilitation unit of Duke University Medical Center. Her husband is a student at Duke.

Katherine "Karin" Emilia Hoffman, '79, is employed at Wesley Woods Health Center in Atlanta. She married Lt. Lee F. Taylor, USAF March 14, 1981, and will be living in Ausschaffenburg, Germany, for three years.

Physician's Assistant

Ken Adams, '75, recently was elected coroner of Murray County. He lives in Chatsworth with his wife, Nobie.

Wallace Green, '79, writes that he is enjoying working for two family practice physicians at the Sparta Medical Clinic. He is single, and has earned a private pilot's license to fly his Cherokee Warrior.

Deborah Dianne Howell, '80, was graduated with honors and was named Outstanding Student of the Year by the PA department. She is living in Calhoun.

Dental Hygiene

Dorothy Waters Cleaves, '71, is a full-time dental hygienist with Dr. David Parker in Port Charlotte, Fla. She and her husband Chris have two children, Deborah, 3 and Derek 10 months.

Patricia Anne Chappell, '80, completed Delta Air Lines training and works as a flight attendant on the Dallas/Ft. Worth flights.

Shelley Eakes, '82, of Warner Robins, reigned as the 1980 Peach Bowl Queen in Atlanta.

Mary L. Milford, '77, is married and lives in West Columbia, S.C., where she is employed as a dental hygienist by Dr. Bill McCathern.

Physical Therapist

Janet Shattuck Cody, '77, is employed with Rehabilitative Associates, Inc., a contract agency helping handicapped children in the Pasco County Fla. public schools. She writes to announce her marriage to John J. Cody, director of parks and recreation in New Port Richey, Fla.

Radiologic Technology

David S. Hall, '70, is head of the diagnostic technologies department at Shelby State in Memphis.

Gary DeForrest, '80, was critically injured in an automobile/train accident in Waycross, last December.

Wanda Brown Moore, '70, recently received a B.S. in biology from the University of South Carolina/Aiken. She has married Edwin N. Moore, and they have a son, John, 9 months.

Medical Records

Anne Dicks Cook, '64, is a consultant in medical record administration in Marietta, and has a 4 month old son.

Jean Corley, '70, is employed at the Lahey Clinic Foundation in the medical record department in Boston. She is living in Andover.

Launa L. Graham, '73, is the medical record administrator at the VA Medical Center, Atlanta.

Marjorie A. Herring, '76, is director of medical records at the Ambulatory Center of Tallahassee, Fla. She was recently elected secretary/treasurer of the North West Florida Medical Record Association.

Sharon Elstein, '76, is currently assistant director of the medical record department at the General Hospital, Virginia Beach, Va.

Donna White Kearney, '76, is the associate director of the medical record department at Norfolk General Hospital in Virginia.

Lynn Phillips Mashburn, '76, and her husband have moved to Savannah.

Betsy Waldrop Wilson, '76, is director of medical record services at Central State Hospital in Milledgeville, and is living in Jewell.

Gay Engler, '77, married Drake Allen White April 9, 1980 and is living in Syracuse, N.Y.

Lynne Carver, '78, is the assistant director of the medical record department at Piedmont Hospital in Atlanta.

Sara Bledsoe, '80, is director of the medical record department at Fannin Regional Hospital, Blue Ridge.

Judy Mace, '80, and her family have moved to Needham, Mass.

Jane Mooneyham, '80, was married to Randy Tucker July 26, 1980 and is working at the Veterans Administration Medical Center, Augusta.

Niki Pyles, '80, is associate director of the medical and health record services at St. Joseph's Hospital, Parkersburg, W. Va.

Emily Smotherman, '80, is director of the medical record department at Valley Psychiatric Hospital, Chattanooga.

Debbie Stooksbury, '80, has married Robert James Gilbert and is director of the medical record department at Gordon Hospital, Calhoun.

Sandra Williams, '80, is assistant director of the medical record department at Norfolk (Va.) General Hospital.

SCHOOL OF DENTISTRY

Jim Whittemore, '73, was graduated magna cum laude from Woodrow Wilson College of Law in Atlanta in June 1980. He passed the Georgia Bar Examination in July, and will practice both law and dentistry in Atlanta.

Richard C. Mathis, '75, and his wife Jane announce the birth of a son, David Carl Mathis, Sept. 12, 1980.

Thomas R. Cook, III, '77, has been promoted to Lt. Cmdr. in the USN Reserve. He recently moved into a newly renovated office for the practice of general dentistry in Athens. His wife is employed in the pharmacy at Athens General Hospital.

William S. Grove, '77, has opened an office for the practice of family dentistry in Crabapple. His wife Malissa is expecting a child in May.

Joseph Lawrence Cowart, '78, has been practicing in Brevard, N.C., for 1½ years.

Virginia E. Leonard, '78, is practicing in Millen.

Birthday, anniversary and other congratulation cards from the President of the Medical College of Georgia are sent out to alumni and friends of MCG who are 80-plus, married 50 years or longer, or in practice 50 years or longer. Send requests at least two weeks in advance, with the proper name, address, date, and explanation, to: Greetings Office EA-100, Office of the President, Medical College of Georgia, Augusta, Ga. 30912.

Shellie Louis, '78, is practicing in Fort Valley, and is looking for an associate and a dental hygienist.

Phillip Adcock, '80, has opened a family dentistry practice in Griffin.

Steven Craig Taylor, '80, is beginning a family dentistry practice in Monroe.

SCHOOL OF GRADUATE STUDIES

Virginia Lillard Schoonover, '79, is the medical illustrator for the George Washington Medical School in Washington, D.C.

Jody L. Fuls, '80, is employed as a medical illustrator by the Ohio State University department of biomedical communications, and is an adjunct faculty member with undergraduate teaching responsibilities.

Ellen Stern, '78, left the MCG occupational therapy department faculty in August to be married, has moved to Savannah, and presently is employed as director of activities therapy in the department of psychiatry at Memorial Medical Center, Savannah.

SCHOOL OF NURSING

Sarilu Harling Kemp, '71, is associate professor of psychiatric nursing at the University of South Carolina. For nine years she has served as nurse consultant, aging services coordinator, and region coordinator for the division of community mental health services, South Carolina Board of Mental Health. She also serves on the board of the South Carolina Baptist Hospital, and resides in Cola, S.C.

Gladys C. Clarke, '74, is in private practice as a licensed marriage and family counselor in Rome.

Maude Holloway Alston, '75, is complet-

ing her doctorate dissertation. She is on the faculty at the University of North Carolina, Greensboro.

Elizabeth Kunc Hart, '75, Lt. Cmdr. USN, is stationed with the 3rd Marine Division on Okinawa.

Linda D. Waters, '75, BSN '73, completed a Robert Wood Johnson Nurse Faculty Fellowship in primary care at the University of Maryland, Baltimore in July 1980. She is now working on a doctorate. She married Dr. James A. Trainham in March 1980, and they live in Berk, Del.

Melinda M. McLemore, '76, of Asheville, N.C. had an article, "Health Planning," published in *Journal of Nursing Administration and Nurse Educator*, Sept. '80.

Candace Cornatzer, '77, BSN '76, an emergency clinical specialist at University Hospital in Augusta, is a board certified emergency nurse, and author of *An Instructional Manual for Prehospital Life Support Training Programs* (1980).

Nancy E. Hilt, '77, BSN '76, is currently nursing supervisor/clinical specialist at the Children's Rehabilitation Center, University of Virginia Medical Center; instructor at the UVa. Medical School, department of orthopedics and rehabilitation; and clinical instructor at the Nursing School, UVa. Medical Center. She is co-author of *The Manual of Orthopedics* with Shirley B. Cogburn, '76, published by C.V. Mosby Co. (1980).

Nina Garst Aylor, '79, married Ronald Aylor Nov. 4, 1979. They have a daughter, Gretchen Ilia, born Nov. 15, 1980. Nina is nursing coordinator in psychiatry at Doctor's Hospital in Augusta.

Ethel Alfreda Walker, '79, is director of nursing service and assistant administrator of Northside Convalescent Center near Atlanta.

John L. Pesto, '79, is director of nursing at Tift General Hospital, Tifton.

Linda McNair McFarland, '59, has been director, educational services, at Kennestone Hospital in Marietta for seven years. She is enrolled in the graduate program, in College of Education, Georgia State University. Her son, Michael, 14, is an honor student, avid golfer, plays soccer and the French horn.

Rose Scarborough Smith, '68, Columbus, is continuing education health sciences coordinator at Columbus College. She was awarded the Creative Programming Award by the Georgia Adult Education Association for a Title I grant project which she developed and administered. Her project allowed Columbus College nursing and health science faculty to provide on-site in-service training for health professionals in out-lying

small community hospitals. Her husband, Les, is attending Auburn University. They have six children ages 5-12, four of whom are adopted.

Suzette Pollett Huie, '71, earned her master of science degree in August, 1979, from Georgia State University. She is employed as a nursing instructor at Southern Union State Junior College in Langdale, Ala. She has a daughter, Stephanie, 3.

Grace Willard, '73, is a doctoral student at the University of Texas in Austin.

Dorothy W. Byrd, '74, and her daughter, Sandra Byrd, BSN '74, held their own reunion during MCG's Homecoming 1980 in Augusta. Dorothy is a nurse in Augusta; and Sandra works in the Presbyterian Hospital in New York City as associate director of nursing medical service. Sandra earned her MSN in 1976 from Hunter College, N.Y.

Kim Schultz Hamrick, '75, was graduated from the Medical Center Hospitals, Norfolk General Division, School of Nurse Anesthesia in July 1980. She writes to announce her marriage to Michael R. Hamrick, DDS Oct. 18, 1980. She is living in Bryson City, N.C., where she is a nurse anesthetist at Swain County Hospital.

Ann Pope North, '76, is an enterostomal therapist at Richland Memorial Hospital in Columbia, S.C. She was certified as an E.T. at Sloan-Kettering Cancer Center in New York City in 1979. Her husband, Jack, is a senior at Columbia Bible College.

Martha Bell, '76, is living on the Zuni (N.Mex.) Indian Reservation and is a public health nurse in the commissioned corps of the USPHS. In her third year at the reservation, she reports she has learned much about the Indian culture.

Shirley B. Cogburn, '76, is assistant nursing supervisor and outpatient nursing coordinator at the Children's Rehabilitation Center of the University of Virginia Medical Center. She lives in Charlottesville.

Robert A. Meyer, '76, Lt. Col. USA Nurse Corps, is assistant chief, nursing education and training at Walter Reed Army Medical Center, Washington, D.C.

Dirle Kirk, '77, received her masters in nursing from Georgia State University. She was recently named head nurse for the third floor of Saint Joseph's Hospital near Atlanta.

James P. Embrey, '77, is a clinical instructor in the department of nurse anesthesia at the Medical College of Virginia, School of Allied Health Sciences. He is seven hours away from earning his master's degree in nurse anesthesia at MCV.

Kathleen D. Geiseking, '77, Capt. US Army Nurse Corps, is currently stationed at

Fort Gordon in the surgical ICU.

Gerald D. "Jay" Woldt, '77, Maj. USA Nurse Corps, completed his MN in nursing administration at the University of Oregon Health Science Center in Portland in June 1980. He is presently serving as head nurse anesthetist at Second General Hospital, Landstuhl, Germany. Maj. Woldt's wife, Capt. Vicki Woldt, is a staff anesthetist at Second General Hospital.

Joyce Payne Walker, '78, is evening charge nurse at Margate General Hospital near Ft. Lauderdale, Fla. Her husband, Yancy, is administrative assistant at the same hospital. Their son Yancy V. celebrated his first birthday, Nov. 15, 1980.

Betty Beaman, '79, is employed as a staff nurse at the Veteran Administration Medical Center in Augusta. Her son, David, is in Jacksonville; Bill is a student at Augusta College; Chip is in the US Navy and Patrick, in the US Coast Guard, and Paula, 11th grade at Hephzibah High School.

Janis L. Horne, '79, lives in Augusta and has completed a two week winter tour to Yoro, Honduras, as a medical missionary with the Christian Medical Society.

Candy G. Mintz, '79, is health occupations instructor at Cedartown Comprehensive High School in Cedartown.

Nancy Howard Burris, '80, completed Delta Air Lines training and works as a flight attendant on the Dallas/Ft. Worth flights.

SCHOOL OF MEDICINE

Lloyd B. Greene, '17, of Philadelphia, is one of the oldest graduates of MCG. He writes that he is retired and enjoys good health except for poor eyesight.

Julius H. "Parson" Anderson, '30, of Harrisburg, Penn. has been given a medical society award for 50 years in medicine.

Fred A. Mettler, '37, is a distinguished professor of anatomy at the Uniformed Services University of the Health Sciences, Medical School, Bethesda, Md. He is an emeritus professor of anatomy of the College of Physicians and Surgeons, Columbia University, New York City. He lives in Blairstown, N.J.

J. Willis Hurst, '44, chairman of the department of medicine at Emory University, was awarded the 1980 James B. Herrick Award for contributions to the practice and advancement of clinical cardiology by the American Heart Association. Dr. Hurst is the author of more than 20 books and 150 scientific articles and is editor-in-chief of

The Heart, a textbook of cardiology.

Thomas C. Nolan, '48, Montgomery, Ala., is currently president of four different groups: Montgomery Chamber of Commerce; Alabama State Fair Board; Baptist Medical Center; and Children's Center of Montgomery.

A. F. Bloodworth, '50, of Gainesville, is president of the Georgia Chapter of the American College of Chest Physicians. He also is serving a three year term on the board of trustees of the Lanier Park Hospital.

George F. Green, '51, married Charlotte S. Hallman of Eatonton, at Rock Eagle Chapel, August 10, 1980. He is serving his 29th year as chief of staff at Putnam General Hospital. He has been re-elected director of the 10th District, Georgia Academy of Family Physicians.

Charles G. Magnan Jr., '52, is president of the Bibb County Medical Society in Macon.

Aaron Dolinsky, '53, of White Plains, has maintained a private practice in analytically oriented psychotherapy for over 25 years in White Plains. His daughter Sara Lynn, a junior at Boston University, is studying business management. Daughter Diane, a freshman at Harvard, is interested in architecture and engineering. Son Mark is in the 9th grade at White Plains High School.

S. Nicholas Neel, '58, New Orleans, has retired from the Navy. He was awarded the master of public health degree from Tulane School of Public Health in May 1979, followed by an appointment as Louisiana state medical director of family planning. He was promoted to director of local health services in October 1980.

Malcolm M. Sayre, '59, Cmdr. MC USN is chief of surgical services at the US Naval Hospital at Rota, Spain. He and his wife Ruth have four children, all enrolled in college.



Do You Know These Guys?

Neither do we, but they were a part of something that's still going on — and so were you! If you'd like to keep up with what's going on at MCG from the student's viewpoint, subscribe to *the Cadaver*. For just \$10.00 a year, we'll send the *Cadaver* directly to your home (or office, if you'd like to protect the wife and kids from evil influences) and you'll get the inside story on life in dear ol' Hotgusta.

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Augusta, Georgia 30912

p.s. Won't someone tell us who those guys are?

William L. Moore Jr., '59, Col. MC, USA, is now chief, department of medicine and director, internal medicine residency program, at Eisenhower Medical Center at Fort Gordon. He has held a faculty appointment at MCG as clinical professor of medicine since July 1978.

Roslyn Seligman, '61, is president-elect of the Ohio Psychiatric Association, the first woman to be elected to that office. In May 1981 she will become president.

Fredric M. Simowitz, '62, is founder and senior member of Metropolitan Neurology, Ltd., an active neurological group serving St. Louis and St. Charles, Mo. He is also director of Mobile E.E.G., a telephonic E.E.G. service covering Missouri, Illinois, Indiana, Tennessee, Kentucky and Iowa. He and his wife Beverly live with their two children, Lynn, 14, and Mark, 12, in St. Louis.

W. H. Buntin Jr., '66, Albany, recently joined Michael Laslie, '66 in anesthesia practice in Albany.

Robert W. Simmons, '66, has been recertified by the American Board of Family Physicians. He is a member of the long range planning committee of Hamilton Memorial Hospital of Dalton, and is a member of the board of directors of the Bank of Dalton and of Blue Cross-Blue Shield of Georgia/Atlanta.

William L. McDaniel, '66, has been recertified by the American Board of Family Physicians. He currently is vice president of the medical staff at Hamilton Memorial Hospital of Dalton, and has served for several years on the state steering committee for cost containment.

Elizabeth Morgan Heimburger, '67, writes that after seven years in the cold midwest (Missouri), she and her children have returned to Galveston, Texas where she is associate professor of psychiatry, and

director of outpatient and community services for child and adolescent psychiatry at the University of Texas. Margaret, 13, Richard, 12 and Katy, 10 enjoy the sun and surf, and look forward to occasional visits to Georgia and MCG.

Paul E. Stanton Jr., '69, director of surgery at Georgia Baptist Medical Center in Atlanta, recently spoke at the National Naval Medical Center and the Uniformed Services University of the Health Sciences in Bethesda, Md. His topic was "The Hemodynamic Significance of the Internal Carotid Artery Kink." He has also had a book accepted for publication entitled, *Neurogenic Causes Masking as Vascular Disease States*.

Larry E. Smith, '70, has a solo pediatric practice in Beaufort, S.C. and hopes to offer an associate position within the next year. He and his wife Denise have two daughters, Seslee, 10 and Larren, 7.

Judy I. Orosz, '71, has been appointed assistant professor of pediatrics at MCG. She serves as assistant coordinator of pediatric education at University Hospital with both inpatient and outpatient duties.

D. Wade Wallace, '71, recently joined Radiology Associates, Columbus, after eight years in the US Navy. He is looking forward to the class of 1971 reunion in May.

Carl Weiner, '71, is completing his ob-gyn residency at Ohio State University in July 1981, and has accepted a fellowship in maternal-fetal medicine at Northwestern University in Chicago. His wife, Earlene Pendley Weiner, MRA '76, is director of medical records at Mount Carmel Hospital East in Columbus. They are expecting their first child in April, 1981.

Christopher J. Leet, '72, is presently practicing cardiology in Manassas, Va. He is a fellow of the American College of Cardiology. He and his wife the former Virginia

Sheetz, BSN '70, live with their two children in Catharpin, VA.

Donald James, '72, has moved his ob-gyn practice from Waycross to Monroe. Dr. James married the former Dianne Thompson, and they have two children, Brian, 8, and Donna, 6.

James W. Dewberry, '72, has completed the requirements for the American Board of Orthopedic Surgery, and with Andy Sheils, '69, and Raul Buelvas, they have formed the Savannah Scoliosis Clinic.

Miles H. Mason, III, '72, is now in the private practice of general surgery in Duluth. He and his wife Sandy announce the birth of their first child, Stephanie, born August 6, 1980.

Rebecca Trowell, '72, completed a pediatrics internship and residency at MCG, followed by a two year fellowship in pediatric hematology-oncology at Bowman-Gray School of Medicine. She liked the Winston-Salem, N.C. area so much she decided to stay. She is associated with a new HMO program, and practices in hematology clinics at Bowman-Gray. She is enjoying backpacking, river rafting, horseback riding, and other outdoor activities.

Michael P. Carter, '74, of Savannah has been in practice with Radiology Associates of Savannah since July, 1979. He and his wife Susan have a 1½ yr. old daughter, Sara Elizabeth.

Douglas Lawrence, '75, is returning to Georgia to join the staff of Sam Howell Memorial Hospital in Cartersville. He has completed a residency in ob-gyn at the University of Kentucky Medical Center in Lexington. He has been in private practice in North Carolina for the past year.

Joseph P. Keenan, '75, was recently appointed assistant clinical professor of otolaryngology and facial plastic surgery at the University of Connecticut School of

Class Notes

You are hereby appointed as a reporter for MCG Today. Please give us the latest information on you, your family, your work, and your plans. If we have your address or name wrong, tell us!

NAME: _____

ADDRESS: _____

YR OF GRAD: _____

MCG DEGREES: _____

Return to MCG Alumni House, Augusta, Georgia 30912.

Medicine. He lives in Westfield, Mass.

Joel F. Ginsberg, '75, has joined the staff of Hutcheson Memorial Hospital Ft. Oglethorpe, which serves Walker, Dade and Catoosa counties.

Julia L. Lovett, '76, has completed graduate training in neurology at the Mayo Graduate School of Medicine. She will enter private practice in Savannah.

Roger P. Meyer, '76, has just relocated from Albuquerque, N.M. to Carson City, Nev., where he has joined a group ob-gyn practice.

Arthur C. Fleischer, '76, is assistant professor of radiology at Vanderbilt, and has just had his book, *Introduction to Diagnostic Sonography* published by John Wiley & Sons Inc.

Doug Laipple, '77, will be returning to Eisenhower Medical Center at Fort Gordon for a fellowship in psychosomatic medicine after completing his psychiatry residency at Wilford Hall USAF Medical Center in June 1981. He, his wife Becky, and their five children are looking forward to living in Augusta.

Henry H. Dohn, '77, Birmingham is chief psychiatric resident and consultation-liaison psychiatry fellow at the University of Alabama School of Medicine. In July he will begin a four year tour of duty in the USAF.

Steven R. Gundry, '77, is currently in his fourth year of general surgery at the University of Michigan. He has completed a two year fellowship in thoracic surgery at the National Institute of Health in Bethesda, Md. He is married to **Anne Ragsdale Gundry, MT '75**.

Sidney J. Morgan Jr., '77, Capt. USAF, is a flight surgeon and family practitioner at Lajes Field, Azores, Portugal. He completed a family practice residency at Spartanburg General Hospital in July 1980, and the flight surgeon school at Brooks AFB in September 1980. He also passed the family practice boards.

Evan M. Torch, '77, has opened a psychiatry practice at Peachford Hospital in Dunwoody.

Thomas E. Welsh, III, '77, finished an internal medicine residency at St. Mary's Health Center in June 1980. He is currently practicing in Clarksville, Mo.

Billy White, '78, is presently chief medical resident at the University of Connecticut Health Center. He writes that he married a girl from Norway, and they have a son, Bjornulf, 6 months. He plans to go to the University of Oslo or to the University of Bergen for a fellowship in 1982, and is looking toward a career in academia.

Drs. Claude A. and Sandra S. Harmon, '79, announce the birth of a son, Brett Alexander Harmon, Sept. 18, 1980. They live in Miami.

Howard McMahan, '80, is an intern at the Medical Center at Columbus. He and his wife Janet have two daughters, Angie, 6 and Bridget, 4.

David B. O'Neal, '80, is currently in the department of neurology at the Medical University of South Carolina, Charleston.

Thomas J. Yeh, RES '60 — cardiothoracic residency, and his associate **Dariusz H. Heidary, RES '77** — cardiothoracic residency are being honored by another group of grateful patients, this one calling themselves the "Yeh Zipper Club". Members consist mainly of former patients of Drs. Heidary and Yeh from Bulloch and Candler counties who have been "patched, plugged, prodded, paced, by-passed, left in stitches, and otherwise delivered from comeuppance in the last decade . . ."

Deaths

James T. Rogers, MD '31, Greenwood, S.C.

Clark W. Adair, MD '80, Decatur

Robert Ellis Talley, MD '60, Columbus

Josephine Stevens White, BSN '52, Orangeburg, S.C.

Robert Kemp Wilson, MD '28, Aliceville, Ala.

John H. Carswell, MD '53, Santa Barbara, Cal.

Benjamin P. Gilbert, MD '42, Gainesville

Dr. Don Welter, former MCG faculty member died Dec. 23, 1980 at his home in Elm Grove, Wis., following an extended illness.

Dr. Welter was one of the first family practice faculty members at MCG and served as the medical director of the Georgia War Veterans Nursing Home until 1976 when he accepted the position of chairman, department of family practice, Marquette School of Medicine.

Members of the senior medical class express their sympathy to fellow classmate Jack Leshner, Jr. whose wife Tricia died Jan. 20 following a brief illness.

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